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UBHN Performance Development Committee
May 10, 2006
Minutes

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Attending: Catherine Carter, Dori Wintle, Ted Terry, Diane Sutton, Richard Burton, Karen Ford, Michelle Jenson, Gary Baker, Patrick Fleming, Juergen Korbanka, Kristin Reisig, David Eves, Jack Tanner, Joel Millard, Linda Moore, Steve Kay, Angela Smart.

On the phone: Robert Hall, Marty Hood, Michael Cain, Richard Anderson, Steve Brown, Matt Denhalter.

Excused: Bob Greenberg, Craig PoVey, Debra Falvo.

Angela Smart, Chair

1.   SAAS Process Improvement Project
The group discussed which measure to work on for the SAAS PI grant. Decreasing no show rates actually increases continuation in treatment. Clinicians see the direct value of the no show rates. The grant will involve the change cycle and the clinicians can be involved. Interventions can be challenging to implement. Gary was involved with this process when he was at Cornerstone and he suggested that we start with the no-show rates and then move up to other measures.

PDC will be the steering group for the grant and the planning meeting is on June 14th (our regularly scheduled PDC meeting day). The meeting will be at the Department of Human Services, room 312 from 10am until about 1:30pm. Following this meeting, we will have an abbreviated PDC meeting until 2:30pm.

The SAAS PI project could be a PIP for the PMHP's according to Karen.

BPS update:
Paul Lefkovitz called and is ready to go with the Utah Benchmarking project. PDC initially chose 4 benchmarks for the centers to report on and then 6+ that can be chosen by the centers (10 total). The cost for 10 benchmarks was $300. Weber, Wasatch, Four Corners, and Southwest are already paid and are ready to go with the BPS benchmarking. Paul Lefkovitz has extended their subscription to December 2007. Benchmarking will dovetail nicely with the SAAS project.

2.   MHE and TEDS service code review
Dori explained some of the decisions made regarding the MHE and TEDS service codes. The program types have been dropped and only the service code will be reported. Dori would like to align the service codes with Medicaid if possible. The Division will do a crosswalk with Medicaid and use their rate structure and report on cost, in general terms. (Red=Division review, Yellow=Data Manager review).

HLCI discussion

The process of file importation could be a problem for some centers, and may be expensive. The division could do it manually, but it seemed to be in the best interest of the centers to maintain the integrity of the HLCI and keep it accurate. This way the centers can make changes without dealing with the division.

3.   Treatment needs study for MH
Dori would like to do a needs estimation for mental health and wants PDC's help in developing it. Brenda at the division would be the lead on this project. She suggests that we create a separate PDC agenda item, how to fund it, whether to fund this, etc. There are some limitations to doing this type of study for MH, and this was discussed. More narrow questions about the population could be answered from existing data, or from surveys. A full-blown needs assessment would be a huge undertaking that would be very costly.

Data that could be collected:
- BRFSS (Health Department): Most questions on BRFSS are only going to get at depression and anxiety.
- Prevalence studies are underestimations (Surgeon General).
- Medicaid enrollees in MH treatment.
- Diagnoses for MH within the Medicaid population.
- Look at prevalence rate for entire Medicaid population.
- We may need to look at proxy measures or the OQ symptoms measures.

Dori will have Brenda do a lit review and put in a request for Technical Assistance from CMHS, and a subcommittee for this group will be a steering group to develop methodology for data needs and data gathering.

4.   Prevention NOMS and Recovery Channel
Prevention NOMs are finalized by CSAP. (See attached copy). Cost bands question deferred for next meeting when Craig can attend.

5.   Data for UBHN website
Item deferred.

6.   OQ/YOQ discussion
Dori sent out a copy of the contract that has been signed by the Division with OQ Measures.

Dori's original thought was to do the OQ/YOQ on admission and every 30 days through discharge. To get a better estimation of this, the Division collected LOS data from the centers to see if the 30 day requirement made sense based on LOS. Dori's thought is that it would be most helpful clinically to do it with each visit and there was general agreement about this. Monthly data is not as useful, unless it is for outcome data. Wasatch hasn't had any complaints from their clients about filling out the OQ at each visit over the past 10 months that they have used the OQ.

It may be more manageable for centers to administer the OQ at each visit than on a monthly basis. The overhead of building it into a 30 day requirement would be more costly than doing it on each visit.

The OQ/YOQ would be all self-report, so the burden on clinicians is minimal. In order to engage the client, the data needs to be shared regularly. The OQ is scored and interpreted from the clinician's computer. There will be some set up from support staff and some increased workload in the front office routine to integrate the OQ.

The Division would prefer the 64 question version (clinically), but the 30 and 64 report out in the same way.

Clinical Support Tool (CST) 20 question measure—additional measure to drive down clinical information on patients who score in the red. CST measures clinical alliance, rather than symptomatic issues. CST is instructional and offers suggestions. Matt wanted to have this as a part of the automated OQ so that this would automatically load when a patient is in the red zone.

We do need a state minimum standard for OQ/YOQ, which is more outcome related, but Dori would like the frequency to increase for more use on the clinical level.

Adult and Youth OP Frequency:
> Recommendation: that we encourage centers to utilize the OQ/YOQ clinically, and to use it at each individual therapy session, or every 30 days at a minimum.

Adult Residential:
> Recommendation: OQ/YOQ is administered at intake or at the first individual contact, and at a minimum weekly, and again at discharge. The OQ/YOQ should not be administered more frequently than once a week, and not less than once a month, or every contact.

Youth Residential:
> Recommendation: Same time-frames as adults. Parent or collateral administered on kids under age 12. Recommend that staff do not rate the kids (only parents, collaterals, or someone with a parenting role such as foster parents).

Substance Abuse Treatment:
> These guidelines will be developed over time that will take into account the longer length of stay, and fewer individual therapy sessions (more emphasis on group therapy). Some clients may be going between more than one provider as they step down in their treatment. Dori will work with these providers so that the information can be shared.

Two pilot sites will start in October or November (VMH and Wasatch). Dori will be asking for the clinical and support staff contacts to work with OQ Measures.

Dori presented some system requirements for hardware and software (handout). OQ Measures will roll out a kiosk version, and this will work on a tablet (December).

User table: Dori would like to collect how many users will be on the system so she knows how many licenses to purchase. Each center should estimate the number of users in each category. Please review this and return it to Dori.

Medical necessity: The OQ may help defend medical necessity, but there could be some problems with this as well.

Signal system: written statement of concern in the signal system. This should be part of the progress note that the clinician addresses. There should be a record of it. The USH brought the scores into the progress note, but not the critical items.

Centers will be entering into a BAA agreement with OQ Measures (for both 42 CFR and HIPAA).

Business managers will be tracking out the cost of support staff to help administer the instrument. If this is a new administrative cost, then the CFO's can give information on program changes so that Karen knows. There are some people that need help each time they take the OQ.

7. **Next meeting June 14, 2006 at DHS 312**
   10:00am -1:30pm SAAS Process Improvement Planning meeting
   1:30- 2:30pm PDC: Service codes will be discussed following SAAS

   Next Data Manager meeting: May 24th (Dori will send an email).